

BULLETIN

of the
**MAHONING COUNTY
MEDICAL SOCIETY**

Volume LI

Number 5

JUNE, 1981



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1981 - MAHONING COUNTY MEDICAL SOCIETY MEETINGS - 1981

Tuesday
Jan. 20

Tuesday
Mar. 17

Tuesday
May 26

Tuesday
Sept. 15

Tuesday
Nov. 17

Tuesday
Dec. 15



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From the Desk of the President



HAS THE PASSAGE OF TIME REALLY CHANGED ANYTHING?

With the passage of time and arrival of the 80s, numerous strides have been made in many areas throughout the world. In space, we saw the growth of the astronauts and their program, as they first circled the earth, then landed on the moon, and finally took a ship that, after lift-off, was able to accomplish its mission and land in such a manner that it can be prepared for lift-off again.

Computer technology has advanced to such a point of sophistication that it now can perform any task that can be programmed.

In medicine, with the use of electronics and time, we have seen the simple electrocardiograph now able to transmit its findings across the country instantaneously.

Many problems and complications associated with surgery have now been alleviated with the advent of parenteral hyperalimentation.

It seems with the passage of time all of the problems of the past have been solved. Right? . . . Wrong!

Although many advances have been made, there are still areas in which very little has changed. When a patient comes to the physician's office, with or without an appointment, is he seen by the physician within a short period of time or must he wait for several hours?

It seems in 1956, the President of the Mahoning County Medical Society, Dr. G. E. DeCicco made a plea in this same bulletin to have patients come to the office by appointment so they need not wait for long periods of time in any physician's office. Once again a plea is made. Even though time has passed, this problem still has not been resolved.

Time is important not only to us, since we feel there are not enough hours in the day, but also to the patient who has numerous chores to perform besides coming to see the doctor.

In this instance one can say that Time has not really changed anything.

—D. J. DALLIS, M.D., *President*



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Number 5

The opinions and conclusions expressed herein do not necessarily represent the views of the Editorial staff nor the official views of the Mahoning County Medical Society.

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Editorial

TRANSFUSE YOUNGSTOWN

The untreated economic plague this city has endured over the past 15 years has given the community a sense of anemia and illness. The mayor of Youngstown, sensing a need for transfusion and restoration of a feeling of well being, has asked all citizens to "brag a little" about the city. He surely realizes the city needs a face lift and, eventually, restoration of potency. Because elective reconstruction requires unavailable prepayment, he has asked for a less costly infusion of spirit and citizen vitality. Such injections as pride may be the stimulants needed to generate the more concrete needs of the city.

The medical community of Youngstown, through planning, has escaped the disease the business community has experienced. In the past twenty years it has immunized itself with vision and determination to reach defined goals. The institutions, staff, and educators have enabled the medical industry here to not only resist decay but to remain in the mainstream of its field while its business peers have prematurely aged. The future of medicine in Youngstown is good and that is something to brag about. For example, as a youngster in New Castle twenty years ago, I remember people regarding only Pittsburgh or Cleveland capable of treating the critically ill. Today I am happy to report these same people and their relatives are comfortable with the intensive care provided in Youngstown. The close proximity of the most modern diagnostic and therapeutic modalities helps ease the pain of serious illness. Further, people who return to the city after years of absence are amazed and pleased at the sight of expanding and modern medical facilities. They find our institutions are not only major employers in the area but, more importantly, they continue to be guardians of life itself in the community.

High quality patient care is only one aspect of the medical scene that can be boasted. Another area is the continued improvement in educational programs for professional and non-professional students. The products of such updated systems are graduates who are competitive with the finest in the country. Testimony to this is the increasing number of non-Youngstowners who come eagerly to experience our programs. The ideas and enthusiasms of these young scholars provides a sense of freshness that all thriving industries must have.

Overall, the health of the Youngstown medical industry is excellent. There is much to brag about. In response to the mayor's plea, this editorial is intended to be a transfusion of pride into the community. Perhaps if we can raise the community hemoglobin a little, that sense of well being will be restored and we can then get on with the face lift.

—RICHARD A. MEMO, M.D.

PROCEEDINGS OF COUNCIL

April 14, 1981

The regular meeting of the Mahoning County Medical Society was held Tuesday, April 14, 1981 at the Youngstown Club.

The following applications were presented by the censors:

ASSOCIATE:

Benjamin Hayek, M.D.
Masud S. Hashmi, M.D.
Robert Jay Sinsheimer, M.D.
Frank J. Stefanec, D.O.
Valerie Jean Gilchrist, M.D.

The applications were approved. The applicants become members of the Mahoning County Medical Society in the voted category 15 days after publication in the *Bulletin*, unless objection is filed in writing with the executive director before that time.

A letter from the St. Lawrence County, N.Y. Medical Society was read in which the society protested the difference between rural and urban medical payments by the health care agency. It was moved and seconded that the communication be filed for future reference.

A letter from OSMA concerning public service announcements was read. Members were requested to let the Society office know if any OSMA announcements are seen on WFMJ or WYTV.

A letter concerning progress on insurance bids was read from Gluck Agency. Discussion was deferred until a full report can be made.

A communication from AMA concerning repeal of the Health Planning Act was read. A motion was made and seconded that the communication be disseminated to the membership and the Women's Auxiliary asked to take action writing to members of Congress to request support for the repeal action.

Dr. Anderson reported there is nothing new concerning the lawsuit and it is a matter of waiting to see what happens between the hospitals and the attorney general.

A Scholarship Dinner report showed 49 scholars were enrolled in the Mahoning County Medical Society Roster of Scholars at the April 9 dinner at the Youngstown Club. 27 girls and 22 boys were honored. Nine host couples were thanked for participating. A letter of thanks from Carmen Julius of Girard High School was read to the Council.

The Foundation Committee request for added funds for the Foundation brought a considerable amount of discussion and Dr. Melnick requested the Council members to come up with ideas on how to increase the amount of principal in the fund. Suggestions are to be sent to the Society office.

Nominations were opened for the selection of a council member to replace Dr. J. A. Lambert, who resigned in January. The name of Frank Rich, D.O. was placed in nomination and, with no further nominations, Dr. Rich was unanimously elected to fill the unexpired term that ends December 31, 1981.

Council agreed to an increase in the per person price for the annual Medical Assistants dinner, slated for October 1, 1981.

PROCEEDINGS OF COUNCIL

May 12, 1981

The regular meeting of the Council of the Mahoning County Medical Society was held Tuesday, May 12, 1981 at the Youngstown Club.

The treasurer reported the Society has 414 members and six members still owe dues or assessments for 1981.

A report on the lawsuit stated negotiations are still underway between the attorney general and the hospitals and there apparently is no resistance to the consent decree, approved by the Society.

A communication was read from Blue Cross/Blue Shield concerning the establishing of a Health Maintenance Facility (HMO) in Warren, controlled by the Blues. There was some discussion of the plan but no action taken.

A response from Ohio Bell Telephone Company was read regarding the request for a single heading in the yellow pages for all physicians. The Telephone company representative stated there would have to be a revision of all directories in Ohio and possibly in the whole United States if such a listing was to be implemented. No additional action was taken.

A notice from the Ohio State Health Department concerning the Refugee Health Program was read and discussed, with no action taken.

Dr. Sovik gave a report on the May 22 Sixth District Caucus at Congress Lake, noting that Dr. Joseph Yut was re-elected councilor and that the OSMA annual meeting is May 17-20.

The Oath of Office was administered to Dr. Frank A. Rich by Dr. Dallis, thereby installing Dr. Rich for the council term that expires Dec. 31, 1981.

Dr. Tandatnick called to the attention of Council the publicity concerning ambulance services that has been in the local media and suggested Dr. Finley be invited to the next council session to give the Council an update on the local ambulance program.

Dr. Chiu informed council of his desire to implement a drug sample collection for the benefit of a program administered by a Benedictine monk in India. The collection is a project of Rotary International's District 665 and the drugs will be used in a Leprosarium. Council gave its approval of the project.

Dr. Dallis announced the OSMA meeting for May 17-20, the Society meeting for May 26 when Dr. Cheylen will screen slides of medicine in China, the next Council meeting June 9 and the AMA Convention June 7-10 in Chicago.

The council approved engaging a financial speaker for the September meeting of the Society. He is a retired bank executive and well respected as an investment analyst.

Council approved the Society's participation in the Centennial Celebration of Youngstown Hospital Association and approved purchase of two plaques to be donated to YHA in commemoration of the anniversary of its founding.

ALCOHOLISM AS A DISABILITY

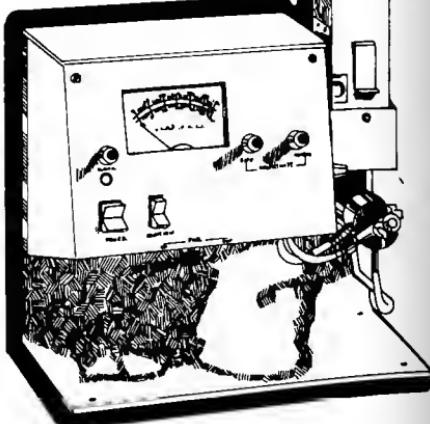
In recognition of the approaching International Year of the Disabled (1981), it is appropriate that the AMA clarify its policy position on alcoholism in relation to other disabling conditions. Currently, millions of persons in the United States are physically or mentally disabled; a significant number of them are alcoholics. Physical disabilities and impaired life adjustment also may precede or contribute to the development of alcoholism, as well as result from it.

Patients who have more than one disability including alcoholism are especially vulnerable. These multiple disabilities, usually chronic in nature, may interact in such a way as to intensify existing problems of relapse, recurring symptomatology and vocational and social readjustments.

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O. L. CLUSE

The AMA has taken a leading role in depicting alcoholism as an illness. Available evidence indicates that this illness can be a highly complex disabling condition, although one for which specific treatment and rehabilitation techniques are available. The AMA's *Manual on Alcoholism* defines alcoholism as an "illness characterized by significant impairment that is directly associated with persistent and excessive use of alcohol. Impairment may involve physiological, psychological and social dysfunction." It is important to emphasize that alcoholism is a treatable chronic disorder with tendency toward relapse. The aim of treatment is more often one of control than cure.

REPORT OF HOUSE OF DELEGATES MEETING IN CLEVELAND -- MAY 17-20

Dr. E. E. Grable of Canton was re-elected alternate delegate to AMA from Ohio, after going through a number of ballots because of the large number of persons running. He is a Sixth District delegate from Stark County.

The resolution of the Mahoning County Medical Society calling for elimination of Compulsory Continuing Medical Education standards was combined with other resolutions and not recommended for adoption because there is already a resolution in force that calls for the same action.

The Mahoning County Medical Society's resolution on Welfare Payment Inequities was essentially adopted by the House of Delegates except for the provision calling for a tax reduction because that portion was deemed unfeasible..

An emergency resolution from the Sixth District Delegation that opposed direct membership in the American Medical Association, was amended by the reference committee and then amended on the floor but still accomplished the purpose intended originally by making it necessary for the state medical associations to concur before direct membership can be solicited.

Voting memberships for medical students was approved but attempts to have the students represented on the State Council by a voting member were defeated. The Sixth District led the fight against a Student Councilor and settled for a non-voting member of the Council to represent the students.

Attempts to have special representation in OSMA for Specialty Societies was sidetracked and will be considered first by a Task Force and then reported by that unit to the next House of Delegates Meeting.

The matter of reduction of dues at age 70 was given careful consideration by the reference committee which decided not to recommend passage because retired or disabled physicians can request waiver of dues, and passage of the resolution would cost OSMA from \$50,000 upwards annually in dues revenue.

Repeals of P.S.R.O. was requested by a number of resolutions and a substitute resolution was adopted stating the OSMA desire to eliminate *all government directed* peer review programs.

Efforts to bring about changes in the Ohio Medical Licensure Law met with resistance in the form of a resolution calling for OSMA to resist but the resolution was not passed because there is a committee acting on the matter already.

The House of Delegates adopted a resolution opposing the granting of special licenses for "teaching or visiting personnel" at colleges and universities.

WHILE THERE WAS SOME DRAMA IN THE CONSIDERATION OF THE RESOLUTIONS, THE REAL SUSPENSE CAME WHEN IT TOOK SEVEN BALLOTS TO RETURN THE SIXTH DISTRICT'S DR. GRABLE TO HIS POST AS AMA ALTERNATE DELEGATE.

THE MEMBERS OF THE SIXTH DISTRICT DELEGATION DID THEIR HOMEWORK.

In Memoriam

ELSA SHAPIRA-BLOOMBERG, M.D.**1914 - 1981**

Dr. Elsa Shapira-Bloomberg, 66, a retired pediatrician, died March 8, in North Side Hospital.

She was born in Jablonec nad Nisson, Czechoslovakia, where she attended public and high school. She received her medical degree from German University in Prague, Czechoslovakia in 1939. She was a resident physician in several hospitals in England, including Royal Infirmary of Sunderland and Children's Hospital of Sunderland, and was resident officer at Hemlington Emergency Hospital and did Public Health work in Birmingham, England in the years from 1942 through 1948. She was a resident physician at Manhattan General Hospital in New York, at Bangor State Hospital in Maine, and was in private practice in Maine from 1948 to 1956, when she opened her practice here.

Dr. Shapira-Bloomberg was a pediatrician at North and South Side Hospitals and St. Elizabeth Hospital until her retirement in 1976. She also had an office on Market Street.

She was a member of the Ohev Tzedek Temple and its sisterhood, B'nai B'rith Women, and Pioneer Women.

MAY SOCIETY MEETING FEATURES CHINA

The May 26 meeting of the Mahoning County Medical Society at the Youngstown Club featured Dr. Harold Chevlen as guest speaker.

Dr. Chevlen presented a slide show depicting medicine in China and some outstanding photography of the scenery and temples of that ancient land.

In his narration, Dr. Chevlen noted China has 117 medical schools with 30,000 students, most of whom are under 20 years of age. The student body is divided almost equally between men and women. The medical school subjects include traditional medicine and Chinese Herbal medicine, with exposure of all students to both.

Dr. Chevlen noted medical students go to school for four years, intern in a hospital for a year and then are assigned to a permanent post by the government. Tuition is free for medical school students.

The slides showed the medical facilities as less than modern but practical.

Dr. P. J. Mahar Jr. presented a report from the OSMA House of Delegates meeting, speaking in behalf of Drs. Anderson, Kiskaddon, Melnick, Sovik, C. E. Pichette, and Wieneke, who were also in attendance.

DOCTOR, DID YOU ANSWER?

Doctor, did you answer the questionnaire sent by the Medical Society office requesting information concerning whether or not you take new patients? welfare patients? your speciality? your sub-speciality?

If you have not answered the questionnaire, why not take the time to do it now and send it to the Society's office. One of the services you provide for the people in this community is a referral service for medical assistance. We cannot provide the information if we do not have it on file.

The staff at the Society office is updating its physician list and your information is needed so the list can be current. Please answer the questions and return the questionnaire to the Mahoning County Medical Society office.

UNREPORTED COMMUNICABLE DISEASE — WHY?

Prompt reporting of suspected cases of communicable diseases by physicians to health departments is essential to effective outbreak control and prevention of unnecessary illness.

Reporting of communicable disease in Ohio, as in the rest of the nation, is dangerously low. The Ohio Department of Health, working with the Ohio State Medical Association, recently set out to learn why.

With Federal monies, ODH awarded a grant to the Ohio State Medical Association to fund a study to search for the reasons behind the under-reporting. OSMA was asked because of their direct contact and identification with Ohio physicians.

A total of 635 Ohio physicians received questionnaires. Included in the survey were family practitioners, pediatricians, internists and osteopaths. Those groups were chosen because they have the most contact with communicable disease patients. The overall response was good with 71 percent of the questionnaires returned.

Results revealed several reasons physicians attribute to the chronic low reporting.

Physicians find rules and procedures for reporting communicable diseases confusing and unclear. Over 75 percent of those responding reported they had no supply of reporting cards. Communicable disease reporting is required by law and more than half of the physicians agree it is necessary.

The distinction between Class A and Class B diseases added to the confusion because at the time of the survey the two diseases had to be reported on different cards. They have since been consolidated on one card that can be used to report a disease in either class. Recent revision of the Communicable Disease rules also led to changes in the Class A list and substantially reduced the Class B list in keeping with current medical knowledge.

One of the surveyed physicians recommended distribution of a card concisely listing communicable diseases and how to report them.

Such a card was designed and 20,000 of them have been distributed.

Some physicians do not report because it is time consuming and they do not want to be bothered with extra paperwork. ODH recommends the task be delegated to a member of the office personnel. Only 15 percent of the physicians currently delegate that responsibility.

Some physicians have reservations about reporting certain ailments, for example sexually transmitted diseases because it may seem to violate confidentiality and open the door up for litigation. Seth Young of the Bureau of Preventive Medicine, points out that since the doctor is required by the law to report suspected cases, they are therefore in danger only when they do not report. A box on the card is labeled "sensitive case" to alert the public health worker to contact the physician before contacting anyone else.

Prompt reporting of suspected cases of preventable disease is essential to effective control of outbreaks and eventual eradication.

This is where public health comes in. Seth Young points out there is no way a private physician can alone handle the follow-up necessary to control outbreaks.

For example, with one reported case of measles an Outbreak Team of three is dispatched to the school involved. The team checks immunization records and administers vaccinations to those children in need. Usually 10 to 15 percent of the school population requires immunization. This type of intervention can begin only if the case is reported.

Statistics compiled from reports are also beneficial to the public's health because they show disease trends and provide information about current methods of treatment and follow-up. The statistics are helpful not only statewide but nationally through the Center for Disease Control, and internationally through the World Health Organization.

NEW PROCEDURES FOR PAYMENT OF CLAIMS SUBMITTED AFTER DEATH OF A MEDICARE PATIENT

Medicare regulations pertaining to the payment of claims submitted after the death of the patient have been modified. Effective January 1, 1981, payment may be made to the physician/supplier OR to the person who assumed the legal obligation to pay for the services rendered.

Previously, if a physician or supplier did not agree to accept assignment, Medicare payment could be made only after the bills had been paid in full. This change permits carriers to reimburse the person who has assumed a legal obligation to pay the deceased patient's unpaid bill.

The physician or supplier still retains the first opportunity to claim payment when the bill is unpaid. In such a case, an assigned claim is submitted and payment is made directly to him/her.

If the bill is unpaid and the physician or supplier does not accept assignment, the person claiming payment must submit the following:

- A completed Medicare form and itemized statement which identifies the claimant as the person to whom the physician or supplier looks to for payment.
- A signed statement which reads:
"I have assumed the legal obligation to pay (*physician/supplier*) for services furnished (*deceased patient*) on (*date(s)*). I hereby claim any Medicare benefits due for these services."
- A statement signed by the physician or supplier indicating a refusal to accept assignment. (If a completed Medicare claim form is signed by the physician or supplier and the "nonassignment" block is checked, a separate statement is not required.)

When a physician or supplier agrees to accept assignment, the *allowed* charge becomes his full charge. Only the deductible, 20 percent coinsurance and noncovered expenses may be collected from the person responsible for the bill or a supplemental insurance carrier. Charges which exceed the Medicare allowances are not collectible.

CURES FOR SNORING

It all started some months ago when the Journal published a report from E. L. C. Broomes, M.D., of East Chicago, Ind. Dr. Broomes recommended wearing a neck brace collar to curtail snoring. He said that snoring was caused by the chin sagging to the chest, depressing and obstructing the airway, and thus causing the ripping noise of the snore. The collar would hold the chin up and prevent buckling of the airway.

Dr. Broome's suggestion brought further letters on the subject.

George D. McGahey, M.D., of Bend, Ore., recalls a snoring cure originated by his grandmother. It involves sewing a small glass marble into the pajama top between the shoulder blades. When the snorer rolls on his back, the marble digs into the back and the sleeper promptly turns over, usually without waking, or only half waking, Dr. McGahey says.

E. Fritz Schmerl, M.D., of Hayward, Cal., points out that sometimes snoring is more than just an annoyance to the others in the family. It might be associated with a condition known as sleep apnea, in which the sufferer stops breathing while asleep. This can be a serious medical problem.

Dr. Schmerl's cure is similar to Dr. McGahey's, except he suggests sewing half of a soft sponge rubber ball into the back of the pajamas. Some snorers sew a small cushion or pad, he says.

Both techniques act on the fact that snoring occurs almost entirely while the individual is sleeping on his or her back, and ceases when the snorer flips over on his side.

MCMS FOUNDATION TO APPROVE LOANS

The Mahoning County Medical Society Foundation will meet in July to consider this year's applications and approve medical student loans.

The deadline for receipt of applications was June 1. Conditions of the loans are the student must have completed one year of medical school, must be a resident of Mahoning or Trumbull county, and must show need.

Dr. J. B. Werning is chairman of the Foundation committee. Other members are Drs. R. B. McConnell, John C. Melnick, M. S. Rosenblum, S. F. Gaylord, D. E. Pitchette, and D. J. Dallis.

Five loans of \$725 each were made last year. Thirty-four loans have been made to date by the current Foundation, which superceded the old Medical Service Foundation in 1966.

NO JULY OR AUGUST BULLETIN

The *Bulletin* will suspend publication for the summer, as it usually does each year. The next issue will be the September issue.

Members are encouraged to use the *Bulletin*. Articles of a scientific nature are desirable. Most welcome are news notes. Classified advertising has produced results and is free to members of the Society. Photographs by members of the Society and members of their families are welcome for consideration for use on the front cover of the *Bulletin*. These must be prints and preferably black and white prints.

"DOCTOR OF THE YEAR" AWARD

It is not too early to start thinking about someone you would like to nominate for the annual "Doctor of the Year" award for Mahoning County. Deadline for submission of names will be Oct. 1, 1981.

Any member may submit the name of a doctor he thinks worthy of the title. Along with the name, it is requested documentation be submitted in writing, stating the reasons for making the nomination of the doctor to be considered.

Winner of the 1980 award was Walter J. Tims, M.D. The year before, the award went to Richard D. Murray, M.D., while 1978 winners were Drs. Ramiro Albarran and John N. McCann.

DR. S. R. ZOSS IS CITED

A certificate of Merit for distinguished service in the field of Allergy has been awarded to Dr. S. R. Zoss, one of the original Fellows of the American College of Allergists, by the College.

He has also been afforded special recognition by Phi Delta Epsilon Medical Fraternity for his 50 year membership in the fraternity.

DR. MELNICK'S PAPER IN MEDICAL JOURNAL

Dr. John C. Melnick, radiologist and former Medical Society president, has published a paper in the *Journal of Clinical Endocrinology and Metabolism* on a research project involving the evaluation of the thyroid glands of thousands of patients in the Youngstown area.

The paper focuses on thyroid hemiogenesis, in which the thyroid is imperfectly developed. There are only 1,000 documented cases. Dr. Melnick's discovery of four cases could point to a link between the high incidence of cancer in the Mahoning Valley and irradiation of the thymus gland, according to spokesmen for the Youngstown Hospital Association, where Dr. Melnick is director of the department of radiology and nuclear medicine.

His paper was co-authored by Dr. Paul Stemkowski, a radiology resident at YHA from Northeastern Ohio Universities College of Medicine.

"THE PHYSICIAN IS A DECISION MAKER, AND ALMOST EVERY DECISION HE MAKES COSTS OR SAVES MONEY."

—Dr. William Felts, Past President,
American Society of Internal Medicine



More and more physicians today are beginning to realize the extent of the economic influence they have, and are finding ways of holding costs down.

A number of studies show that the more physicians *know* about costs, the more they try to *reduce* them.* And this reduction can be done without reducing the quality of care to the patient.

How are they doing this? As a start they have become thoroughly familiar with the costs they incur on behalf of their patients. They know how much an X-ray costs, how much their

hospital charges for routine lab tests. They're requesting copies of patients' hospital bills. And asking their hospitals to print the charges for diagnostic tests right on the order sheet.

What else are physicians doing? Minimizing their patients' hospital stays, whenever possible. Reevaluating routine admissions procedures. Questioning the real need of the diagnostic tests they order for their patients. Avoiding duplicate testing. Trying to discourage their patients' demands for unnecessary medication, treatment or hospitalization. Compiling daily logs of their medical decisions and what they cost. And more.

More physicians today realize what a tough problem we're all faced with. They know this is a challenge for medicine. And that physicians are in the best position to deal with and solve the problem.

*PATIENT CARE Magazine—Outlook 1972 "Face Off: Cost Containment vs Choice," January 1, 1972

Lyle CH, et al. "Practice habits in a group of eight internists." ANNALS OF INTERNAL MEDICINE 84 (May 1976), 594-601

Schroeder SA, et al. "Use of laboratory tests and pharmaceuticals: variation among physicians and effect of cost audit on subsequent use." JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION 225 (Aug 20, 1973), 969-73



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AUXILIARY INSTALLS OFFICERS

At the May 22 meeting of the Women's Auxiliary of the Mahoning County Medical Society, installation of officers was conducted. The officers for the 1981-1982 year are:

President	Mrs. Y. T. Chiu
President-elect	Mrs. Daniel Handel
Vice President	Mrs. Raymond Jackson
Recording Secretary	Mrs. J. P Kalfas
Corresponding Secretary	Mrs. S. E. Tochтенhagen
Treasurer	Mrs. H. L. Khanna

NEUCOM APPOINTMENTS

Academic rank was awarded to another group from the Youngstown area by the Board of Trustees of Northeastern Ohio Universities College of Medicine. Recently announced were the following appointments:

Oscar A. Turner, M.D., Professor of Clinical Anatomy, Basic Human Sciences
 Kenneth A. Kenyhercz, M.D., Clinical Assistant Professor, Internal Medicine
 Joseph A. Abram Jr., M.D., Assistant Professor, Pediatrics
 Usha Harichand, M.D., Instructor, Pediatrics
 Mohammad I. Khan, M.D., Instructor, Psychiatry
 David S. Starr, M.D., Assistant Professor, Thoracic Surgery

Leonard P. Caccamo, M.D. was re-elected to a three-year term on the board of trustees of the Medical Education Foundation of NEUCOM.

Elected as members of the Foundation were Dr. D. J. Dallis, one-year term; Dr. William H. Evans and Dr. William Sovik, two-year terms.

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A FLIGHT OF FANCY

Flying an aircraft is much too serious a business to be left to the pilot. For far too long, pilots have enjoyed a kind of mystique which has permitted them to dominate the flight-care system in an unconscionable fashion. It is high time that we flight-care consumers asserted our fundamental rights.

I am tired of having the pilot tell me when I can board an aircraft, when I must buckle my seatbelt, at what altitude we will fly, and other comparable aspects of flight-care consumption. The pilot, after all, is only one member of a flight-care team that also includes ticket sellers, boarding area personnel, cabin attendants, navigators, and co-pilots. The views of all of these people, experts in their respective fields, should be taken into consideration when flight care is being planned and executed. Obviously, the interests of the consumers must also be respected.

I suggest that what we need in the United States is a massive restructuring of the flight-care system that will free us of this unhealthy dominance by pilots, all of whom make too much money anyway. I believe that as every flight is to depart, an appropriate Flight-Care Council should be formed. It would, of course, include the pilot, whose technical expertise is undeniably required. The council would also include among its members appropriate representatives of the ground crew and the flight crew. The majority of the members, however, should be flight-care consumers, chosen on the basis of a careful consideration of the sexual, ethnic, and religious makeup of the consumer group on the flight in question.

The Flight-Care Council would be responsible for making key policy decisions with respect to the flight, including the time of take-off, the altitude at which the aircraft would fly, where the flight would stop along the way, and the ultimate destination.

After the landing, an Airstrip Utilization Review Committee would make a determination of whether the landing was indeed necessary. In the event that it is deemed to have been unnecessary, the pilot would be forced to take off again.

I urge that our lawmakers speedily enact appropriate legislation that will bring about these long overdue changes in the flight-care system and bring an end to the pilot tyranny that has resulted in maldistribution of flight-care service, unnecessary flights, and lack of attention to the real needs of consumers.

(This editorial was written by Robert B. Howard, M.D. in 1975, was published in Postgraduate Medicine.)

HUGGED YOUR LEGISLATOR LATELY?

Physicians are busy! But are you so busy that your profession and the care of your patients will be changed by Legislators who receive *no imput* from medicine? That is what is happening right NOW!

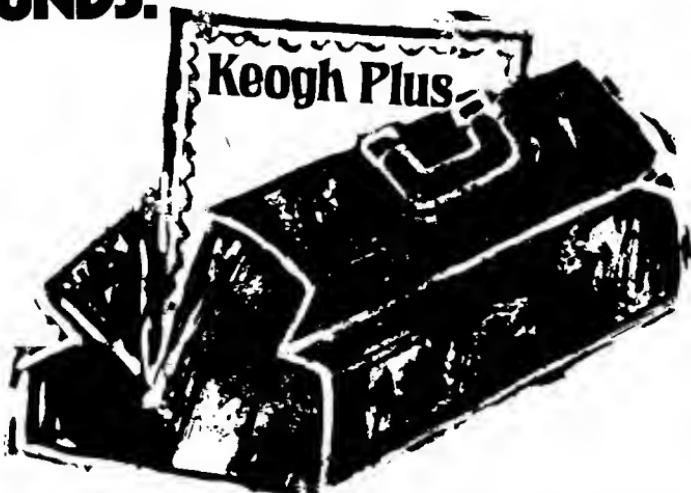
Other professionals are taking the time to meet personally with their Legislators to tell them what statute changes they want . . . then when these proposed changes are presented in bill form the Legislator knows who he is talking to and feels the pressure from that professional group.

Physicians are *not* taking the time to meet with their lawmakers. The old belief that "right will win" and "staff will handle it" no longer apply . . . especially with the growing number of full-time Legislators.

No one has more potential influence on a legislator than his local physicians. Physicians must realize that if they *do not* personally convey medicine's views to lawmakers, the people that do will win out . . . regardless of "what's right" and "staff".

Please, don't wait until you need a favor or vote from a Legislator . . . get to know him now so that when you do need to express an opinion, your Legislator will know who is talking.

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June 20 J. A. Fogarty, Jr.	July 17 J. J. Lee	August 9 R. B. McConnell
June 22 M. A. Kachmer J. A. Ruiz	July 18 J. L. Finley G. H. Dietz	August 10 J. Politi
June 23 J. J. McDonough J. A. Patrick	July 19 N. A. Jaffer	August 11 I. N. Dombczewsky G. Ariza
June 24 M. C. Raupple J. K. Altier	July 20 J. B. Werning S. A. Basile	August 14 J. L. Fisher
June 27 F. A. Pesa	July 23 B. S. Brown G. S. Sevachko W. F. Stanford	August 16 P. W. Ho B. M. Hayek
June 28 Wm. A. Katz	July 24 B. L. Lipton	August 17 S. W. Ondash
June 29 H. L. Khanna	July 25 P. J. Mahar R. M. Roth	August 18 F. Gelbman G. J. Prochnow
June 30 A. V. Banez K. M. Prasad	July 27 N. D. Belinky M. M. Yarmy	August 19 W. T. Breesmen J. J. Campolito S. C. Keyes J. R. LaManna S. S. Husain
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July 5 F. A. Miller	August 4 D. A. Salcedo	August 23 W. D. Loeser E. V. Angtuaco
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August 28
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C. A. Ariza

August 30
D. R. Dockry
J. S. Conti

August 31
L. J. Gasser

September 1
B. Taylor

September 3
D. E. Beynon
September 4
M. B. Krupko
E. Kessler
September 5
W. H. Bennett
F. G. Schlecht
A. V. Whittaker
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September 6
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E. H. Jones, Jr.
C. Watanakunakorn

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I. Maeda
September 9
C. E. Pichette
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September 10
A. K. Phillips
September 12
S. N. Habib
September 15
M. B. Goldstein



"DOCTORS WEEK" began March 31 when the members of the Mahoning County Medical Society Auxiliary pinned boutonnieres on the doctors' lapels as they arrived to make their rounds at St. Elizabeth Hospital, and North and South Units of the Youngstown Hospital Association. The annual event concluded with a Monte Carlo dinner-dance at Squaw Creek Country Club. Photo shows Dr. D. J. Dallis, president of MCMS, receiving his flower from Mrs. Richard Bernstein, auxiliary president (right) as she is assisted by Mrs. James Kline, co-chairman of the Monte Carlo event (left). Mrs. Daniel Handel was the chairman for the full week of activity.



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From the Bulletin

FIFTY YEARS AGO — JUNE, 1931

The new cover was beautiful and expensive, a gift from the late Dr. Armin Elsaesser. In the center was the great seal of Ohio. In the background was a steel mill with a blast furnace and open hearth and smoke belching into the sky. In the foreground was a canal with tugboats, the dream Youngstown never saw fulfilled. In three colors it took 3 plates to produce and we were proud of it.

By this time we were trading copies with Cleveland, Toledo, Columbus, Cincinnati, and Pittsburgh. Our *Bulletin* compared favorably with the others and excelled some (in the Editor's estimation).

Our post-graduate day program brought a group from John Hopkins University School of Medicine: Emil Novak, Walter Dandy, Louis Hamman, Thomas B. Futch and Wm. E. Reinhoff, Jr. - - - famous men.

The committee was down early to meet the train from Baltimore and take the group to breakfast at the Hotel Ohio. No plane travel those days. One had to have stamina to be a visiting professor. One still does.

White's Egg Emulsion of Cod Liver Oil was the thing for growing babies. When they spit it up it smelled like the Fulton Fish Market.

You could get a brand new straw sailor hat at Maloney and Williams on Phelps St. for \$3.00.

Young James Birch was Secretary-Treasurer of St. Elizabeth's Staff.

John Norman McCann became a new member of the Society.

According to the Ohio Health News, there were 5,116 cases of small pox reported in 1930.

FORTY YEARS AGO — JUNE, 1941

Preliminary tabulation of the 1940 census showed that the index of fertility of the nation's mothers had fallen to a point below that necessary to maintain the present level of the population. It was estimated that the country's population would fall 4% in each generation over a long period.

David Belinky, H. S. Banninga, Sam Schwebel, W. H. Bunn, J. N. McCann and Morris Rosenblum were away for post-graduate study. Donald Rothrock, R. M. Morrison, Wendell Bennett and Walter Tims were away vacationing. Fred Coombs and Alice Mae Walker were married in April and honeymooning in the South. Dr. Bertram Firestone was elected to membership.

Some of the doctors who were prominent forty years ago are no longer with us but they should be remembered. Dr. R. M. "Pop" Morrison was one of the greatest. He was more active in hospital activities than Medical Society affairs. The North Side Unit is a monument to his (and John Tod's) hard work and generosity. Dr. Sidney McCurdy was for many years chief surgeon of the Youngstown Sheet and Tube Co. and was an active worker in the Society until he became chief of the medical section of the Industrial Commission of Ohio. Dr. Sam Weaver was our first neurosurgeon and a brilliant figure. He is now in practice in California. Dr. Louis Deitchman was a lovable character who collected first editions and practiced otolaryngology on the side. He contributed many articles to the *Bulletin* on medical history and conducted a column (*Theophrastus Bombastus*).

Forty years ago those doctors dominated the local scene. They were busy in practice but gave much time to the public welfare. They did not know that by the year's end a never-heard-of-place called Pearl Harbor would alter their lives.

THIRTY YEARS AGO — JUNE, 1951

President Wcnaas wrote, "A well conceived public relations program has for its objective the promotion and protection of the public interest.

Every dissatisfied patient is a potential follower or he may become an active participant in the doctrines that lead to socialized medicine."

Our Women's Auxiliary won first place in the state-wide "Credits and Awards" contest sponsored by the Ohio State Medical Association for its efforts in community health projects and cooperation with the Medical Society on legislative and public relations activities. It was a well deserved award and our ladies were very proud.

Stan Myers had a leading article on "Injuries and Deformities of the Nose." He said that in fractures of the nasal bones, too much reliance should not be placed on the x-ray report, as what may appear to be slight displacement on the film may be considerable deformity as far as the patient is concerned.

John McDonough's paper on "Treatment of Sterility in the Female" was prominent in the Ohio State Medical Journal.

Milton Yarmy was elected a fellow of the American College of Physicians, P. B. Cestone, H. E. Chalker, L. G. Coe, J. B. Kupec, E. Massulo, J. M. Ranz, Ed Shorten, Wendell Bennett, Murrill Szucs and Craig Wales were away for post-graduate study. W. H. Bunn was re-elected president of the Youngstown Area Heart Association.

TWENTY YEARS AGO — JUNE, 1961

President Phillips wrote a strong plea for loyalty to the A.M.A. If you wish to change it, work from within to do so but defend it from outside criticism, he said.

There were 685 cases of measles reported, 46 of scarlet fever, 12 of tuberculosis, 5 of rheumatic fever, 3 of infectious hepatitis, 18 of gonorrhea and 6 of syphilis. That adds up to a lot of sickness and much of it preventable.

New members were Robert Ciekurs, Rene Cossette, James Edward Might, William James Cleary, Jr., Paul Edward Longaker, Richard C. Rohrer, Gust Boulis and Nicholas James Garritano. L. G. Coe retired from active practice.

TEN YEARS AGO — JUNE, 1971

There was a lengthy and exciting article by Alberta N. McDonough on the effective use of the new Thayer-Martin media for cultures of gonococcus in the diagnosis of gonorrhea in the female. This work was done in conjunction with Dr. Herman Zeve, director of the Venereal Disease Clinic.

Dr. Ernest Perry was presented a plaque by the Amrican Negro Police Assn. for his work with the youth community. New members were John S. Conti, M.D., and Jacque Politi, M.D. Dr. Michael Joseph Sunday passed away after along illness.

The big item under discussion at all meetings was "Peer Review". Like the weather, everybody talked about it, but nobody did anything about it. Most doctors were afraid that peer review mechanisms would eventually be used by third party groups for purposes of regulating the performance of physicians services in third party payments.

St. Elizabeth Hospital initiated a new publication "Medical Bulletin of St. Elizabeth Hospital", edited by Dr. L. P. Caccamo.

—Robert R. Fisher, M.D.

NEED ADDRESS CHANGE

If you move your residence, you must notify the Mahoning County Medical Society office so the address change can be noted and a correction made on address plate for your *Bulletin*.

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In clinical trials, patients with bacterial bronchitis due to susceptible strains of Streptococcus pneumoniae, H. influenzae, S. pyogenes (group A beta-hemolytic streptococci), or multiple organisms achieved a satisfactory clinical response with Ceclor.⁷

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Brief Summary**Consult the package literature for prescribing information.****Indications and Usage:** Cefaclor* (cefaclor, Lilly) is indicated in the treatment of the following infections when caused by susceptible strains of the designated microorganisms:Lower respiratory infections, including pneumonia caused by *Streptococcus pneumoniae* (*Diplococcus pneumoniae*), *Haemophilus influenzae*, and *S. pyogenes* (group A beta-hemolytic streptococci).

Appropriate culture and susceptibility studies should be performed to determine susceptibility of the causative organism to Cefaclor.

Contraindication: Cefaclor is contraindicated in patients with known allergy to the cephalosporin group of antibiotics.**Warnings:** IN PENICILLIN-SENSITIVE PATIENTS, CEPHALOSPORIN ANTIBIOTICS SHOULD BE ADMINISTERED CAUTIOUSLY. THERE IS CLINICAL AND LABORATORY EVIDENCE OF PARTIAL CROSS-ALLERGICITY OF THE PENICILLINS AND THE CEPHALOSPORINS, AND THERE ARE INSTANCES IN WHICH PATIENTS HAVE HAD REACTIONS TO BOTH DRUG CLASSES (INCLUDING ANAPHYLAXIS AFTER PARENTERAL USE).

Antibiotics, including Cefaclor, should be administered cautiously to any patient who has demonstrated some form of allergy, particularly to drugs.

Precautions: If an allergic reaction to cefaclor occurs, the drug should be discontinued, and, if necessary, the patient should be treated with appropriate agents, e.g., pressor amines, antihistamines, or corticosteroids.

Prolonged use of cefaclor may result in the overgrowth of nonsusceptible organisms. Careful observation of the patient is essential. If superinfection occurs during therapy, appropriate measures should be taken.

Positive direct Coombs tests have been reported during treatment with the cephalosporin antibiotics. In hematologic studies or in transfusion cross-matching procedures when antiglobulin tests are performed on the minor side or in Coombs testing of newborns whose mothers have received cephalosporin antibiotics before parturition, it should be recognized that a positive Coombs test may be due to the drug.

Cefaclor should be administered with caution in the presence of markedly impaired renal function. Under such a condition, careful clinical observation and laboratory studies should be made because safe dosage may be lower than that usually recommended.

As a result of administration of Cefaclor, a false-positive reaction for glucose in the urine may occur. This has been observed with Benedict's and Fehling's solutions and also with Clinitest® tablets but not with test tape* (Glucose Enzymatic Test Strip, USP, Lilly).

Usage in Pregnancy—Although no teratogenic or antifertility effects were seen in reproduction studies in mice and rats receiving up to 12 times the maximum human dose, no studies in humans given three times the maximum human dose, the safety of this drug for use in human pregnancy has not been established. The benefits of the drug in pregnant women should be weighed against a possible risk to the fetus.

Usage in Infancy—Safety of this product for use in infants less than one month of age has not been established.

Adverse Reactions: Adverse effects considered related to cefaclor therapy are uncommon and are listed below:

Gastrointestinal symptoms occur in about 2.5 percent of patients and include diarrhea (1 in 70) and nausea and vomiting (1 in 90).

Hypersensitivity reactions have been reported in about 1.5 percent of patients and include morbilliform eruptions (1 in 100), pruritus, urticaria, and positive Coombs tests each occur in less than 1 in 200 patients.

Cases of serum-sickness-like reactions, including the above skin manifestations, fever, and arthralgia/arthritis, have been reported. Anaphylaxis has also been reported.

Other effects considered related to therapy included eosinophilia (1 in 50 patients) and genital pruritus or vaginitis (less than 1 in 100 patients).

Causal Relationship Uncertain— Transitory abnormalities in clinical laboratory test results have been reported. Although they were of uncertain etiology, they are listed below to serve as alerting information for the physician.

Hepatic—Slight elevations in SGOT, SGPT, or alkaline phosphatase values (1 in 40).

Hematopoietic—Transient fluctuations in leukocyte count, predominantly lymphocytosis occurring in infants and young children (1 in 40).

Renal—Slight elevations in BUN or serum creatinine (less than 1 in 500) or abnormal urinalysis (less than 1 in 200). [10309]Many authorities attribute acute infectious exacerbation of chronic bronchitis to either *S. pneumoniae* or *H. influenzae* ***Note:** Cefaclor is contraindicated in patients with known allergy to the cephalosporins and should be given cautiously to penicillin-allergic patients.

Penicillin is the usual drug of choice in the treatment and prevention of streptococcal infections, including the prophylaxis of rheumatic fever. See prescribing information.

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8. Principles and Practice of Infectious Diseases (edited by G. L. Mandell, R. G. Douglas, Jr., and J. E. Bennett), p 487 New York John Wiley & Sons, 1979

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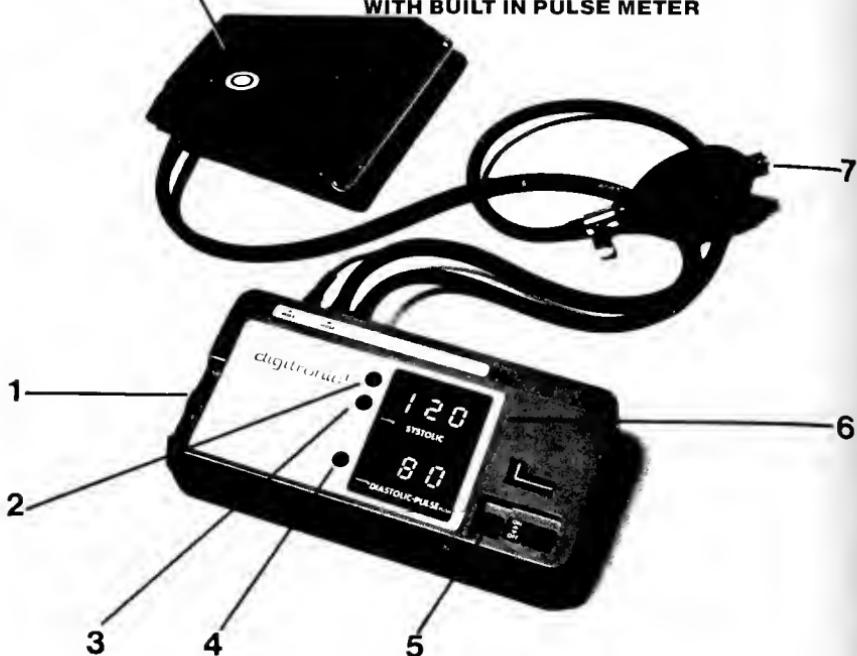
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